

THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, SEPTEMBER 19, 1885.

## Original.

### SOME POPULAR ERRORS IN REGARD TO SKIN DISEASES.

BY J. CLARK M'GUIRE, M. D.

Familiar appellations for skin diseases are not confined to the laity. In former days, when the names of affections of the skin were surrounded by obscurity, when many terms were used to designate a particular disease, there was some excuse for physicians using the more familiar terms known to the laity; but at the present time, when, with few exceptions, diseases of the skin are known the world over by scientific terms, derived for the most part from the Greek and Latin, there is no more excuse for a professional man using a wrong and unscientific term for these diseases than for any other class. Even in our colleges, with few exceptions, skin affections are either slighted or completely ignored. It is presumable they are neglected to such an extent on account of their unimportance, but in refutation of this one has only to refer to the literature of dermatology, to such books as Hebra on Diseases of the Skin, five volumes, or to recall such names as Hebra, Kaposi, Neuman, of Vienna, Sir Erasmus Wilson, Tilbury Fox, Addison, of England, Bulkly, G. H. Fox, Duhring, and Piffard, of this country, and a host of others, men who have devoted their life-study to this subject, and who have not superiors in any branch of the medical profession. There are physicians of good standing who acknowledge they do not even know the names of the majority of skin diseases, who have no more idea of the meaning of the words morphea, xanthoma, than they have of who is the king of the Sandwich Islands, and yet they would not acknowledge their ignorance of any other class of diseases.

Physicians, even those known to the scientific world, while discussing some important scientific question before a body of professional men, have been known to use the terms "liver spots," "milk crusts," "tetter." Such expressions, in the majority of cases, would be overlooked or accepted as correct terms, and yet if terms of like kind were used to designate diseases of other organs, the speaker would be laughed at, or at least thought to be very careless as to his nomenclature of important diseases. It seems permissible to apply to skin diseases the most diverse, ridiculous, and unmeaning names, while, if referring to diseases peculiar to the eye or other important organs, the doctor would at least endeavor to use scientific and correct terms. Let us see what some of the most common expressions mean, if they have any definite meaning. "Tetter," according to Tilbury Fox, is of uncertain application. Bulkly refers to "dry tetter" as psoriasis, "eating tetter" as lupus. It may mean eczema. Webster defines it as synonymous with herpes, and it may mean "skin disease," "bakers' itch," "grocers' itch," may mean either eczema or lichen. "Blood boil" has no scientific meaning, and is applied to various diseases. "Red gum," "tooth rash," "white gum," may refer to lichen in children, or eczema papulosum. The expression "army itch" would lead one to suppose it was distinct from scabies, yet we know it to be the same as ordinary scabies. "Milk crusts" usually means eczema vesiculosum, but, as Tilbury Fox says, it has no significance, and may be made to include many different affections. "Liver spots" may refer to chloasma, a pigmentary affection of the skin, or to tinea vericola, a vegetable parasitic disease. "Hives," according to Duhring, is synonymous with urticaria; according to Tilbury Fox, with chicken-pox.

We have heard physicians say authorities differed so materially in regard to the eti-

ology, pathology, and treatment of skin affections they did not think it worth their while to make a study of the subject; but if this is true, is it only applicable to diseases of the skin? In looking up the treatment of Asiatic cholera, I find the very best authorities in general practice differ very radically. Dr. McClelland, United States Army, says, "The evidence is conclusive that the exhibition of opium, followed by alterative doses of calomel, almost invariably arrests the disease when in the premonitory stage." Dr. Johnson, Kings College, London, regards evacuates safe, opiates dangerous, in the early stages of the disease. Sir Thomas Watson entirely agrees with him. Dr. John Murray, Inspector-General of Hospitals Indian Medical Service, holds exactly the opposite views, that is, that evacuates are dangerous, opiates safe treatment in the early stages. Dr. John Sullivan, British India, altogether rejects the treatment by elimination. William Stevens, London, believes in the saline treatment. Dr. Loomis says the first great object of medicinal treatment is to control the prodromal diarrhea. For this purpose opium is the most reliable drug. Dr. Naphey refers to opium as though, still much employed in the acute stages of the disease, it is no longer regarded as the sheet-anchor in cholera, Brown-Séquard states that morphia hypodermically at the onset *will cure the disease*.

As to the etiology of skin diseases, how often we hear the expression "bad blood." Has this term any meaning? If it has, it must mean a depraved state of the blood that can be recognized by chemical reagents, or by the microscope, but Bulkly says, "Chemical and microscopical studies fail to show there is 'bad blood' in any of the diseases of the skin." Another popular error is the danger of "driving in" skin diseases. We have even known a physician of *good standing* to sum up the whole treatment, etiology and diagnosis of skin diseases in general, in the following graphic language: "Skin diseases are usually caused by *bad blood*. Call the disease eczema, or—, or—, give a little arsenic internally, oxide zinc ointment locally; but above all be careful not to *drive in* the disease too soon. This is *very important*." To quote Dr. Bulkly again, "Some old woman, male or female, medical or lay, has warned the patient or friends that such and such an eruption should by no means be cured on account of the danger of driving in the disease."

LOUISVILLE, KY.

## DIGITALIS.

BY W. SYMINGTON BROWN, M. D.

Polypharmacy is at one and the same time a sign of weakness and an admission of ignorance. We are slowly emerging from its shadow. Brown-Sequard's neuralgic pill is among the latest gasps of this expiring custom. I do not mean to say that we should never combine potent medicines in the same prescription; but I do say that it is safer and more satisfactory to administer one at a time. Of course, I do not refer to mere diluents, or adjuvants of a simple nature.

I also think that if every conscientious practitioner were to adopt a rule not to prescribe any medicine until he had thoroughly studied it, this tendency to mix up things would receive its death-blow. Some one may ask, "How are we to find out about new remedies?" I answer, by experimenting with them on ourselves, or on those who are willing to be experimented upon. Hahnemann's disciples profess to "prove" their sugar pellets and high-toned dilutions in this way; and manage to prove the depth to which human folly may descend—nothing more.

One way to facilitate the work would be to limit the number of medicines habitually administered. The fewer we employ, of course, the easier it will be to study them thoroughly. The present tendency is for the wholesale druggist to decide what should be used; the physician is not much more than his aide-de-camp, which positions, it is scarcely necessary to say, ought to be reversed. If, as a general rule, we were to confine ourselves to the following list, I think it would be better for all parties:

- |                |                         |
|----------------|-------------------------|
| 1. Opium,      | 11. Cocaine,            |
| 2. Cinchona,   | 12. Sulphuric ether,    |
| 3. Digitalis,  | 13. Chloroform,         |
| 4. Aconite,    | 14. Hydrate of chloral, |
| 5. Nux vomica, | 15. Arsenious acid,     |
| 6. Aloes,      | 16. Mercury,            |
| 7. Iodine,     | 17. Iron,               |
| 8. Bromine,    | 18. Ergot,              |
| 9. Sulphur,    | 19. Sodium-sulphate,    |
| 10. Ammonia,   | 20. Pot. Permanganate.  |

This list does not include a large number of domestic remedies, such as hot water, vinegar, mustard, cosmoline, etc., but it is intended to include the various forms and chemical compounds of each article.

I respectfully suggest that we discuss the more important of these medicines *seriatim*,

and, by way of starting the ball, I propose to make a few remarks to-night on DIGITALIS.

Foxglove is a handsome biennial plant, growing wild in Great Britain, along hedges, and in sterile, uncultivated fields, in great abundance. The best time to gather the leaves is in May of the second year, before flowering; those near the ground are larger, and contain more of the active principle, digitaline. The seeds are also used, though rarely. When the fresh leaves can be procured, an infusion is the best form to administer it in. The tincture is most commonly employed in this country. The dried leaves may be given in the form of powder. The leaves are also occasionally applied as a poultice. Digitaline ( $\frac{1}{100}$  gr.) in solution may be injected hypodermically. The English leaves cost about four times as much as the Shaker article raised in this country, and six times as much as the leaves imported from Germany.

Digitalis is a very ancient remedy. The name is mentioned in a manuscript referred to the eleventh century, and its properties were described by Fuchsius more than three hundred years ago. Only thirty years have elapsed, however, since the exact nature of its operation has become moderately well understood by physicians. We will first examine briefly its therapeutic properties, then the diseases and doses in which it has been successfully employed.

Digitalis is not a dangerous drug, like aconite or gelseminum. There are very few deaths on record from over doses, and some of these are doubtful. The symptoms of poisoning with digitalis are said to be dizziness, syncope, pain in the abdomen, emesis, purging, salivation, dilated pupils, intermittent pulse (less than forty beats a minute), and suppression of urine. I have never seen a case. Large doses (from one to two ounces of the tincture) have been given in delirium tremens with good results. As large a dose of tincture of aconite would certainly prove fatal. A private soldier in our 33d Reg. Mass. Vols., swallowed about an ounce of tincture of aconite (mistaking it for brandy), and, although we discovered the fact within eight minutes, and the man's stomach was rapidly emptied, he died within two hours. A lady patient attended by Dr. Moses Parker, in Melrose, took a teaspoonful of tincture of gelseminum (it had been prescribed for her in six-drop doses), and died in a few hours.

Digitalis has two marked properties: it

is a heart tonic and a diuretic. It seems to exercise more control over the circulatory than the nervous system. About two years ago Dr. Samuel G. Webber, of Boston, prescribed it for me, and I carefully watched its effects on my own person. Next to the preparations of opium and cinchona, I have given it to patients more frequently than any medicine in the list. And the result of my observations for twenty-five years is that digitalis acts slowly, too much so to conclude that it directly affects the nervous system. Another conclusion I have arrived at is, that it is not a cumulative medicine, in the ordinary sense of that term. Our own Dr. Odlin holds the same opinion. On account of its slow solubility in the blood, it may appear to accumulate when too rapidly administered. An interval of six or eight hours should be allowed between doses. In some patients it produced diarrhea.

In medicinal doses, digitalis steadies the heart's action, lessens the number of beats, allows the coronary arteries to supply nourishment to the enfeebled organ (which is only possible during the diastole), and contracts the arterioles all over the body. In poisonous doses, it seems to tetanize the heart, at last totally arresting its movements. Experiments on the lower animals and a few post-mortem examinations in man show that the left ventricle is always empty and rigidly contracted after death caused by poisonous quantities.

The following is a list of the more important diseases in which digitalis has been given advantageously:

1. In mitral obstruction, and generally whenever effusion occurs from debility. When dropsy supervenes from heart disease, when the face is dusky, the jugular veins distended, the breathing hurried, and the pulse feeble and intermittent—small doses of digitalis, aided by position and stimulants, will often work wonders. In some cases, where the left ventricle is both, dilated and hypertrophied, it may be given tentatively.

2. After rheumatic fever, when the pulse is feeble, rapid and irregular, combined with salicylate of soda. It is also useful in the later stages of typhoid fever. In moderate doses it reduces the temperature in all fevers.

3. In atonic uterine hemorrhage, and as a hemostatic after surgical operations on the uterus, it may be alternated with ergot. In giving digitalis it not unfrequently oc-

curs that the pulse is accelerated at first for a few hours, although the final effect is to reduce the number of pulsations.

4. In delirium tremens. Very large doses have been given successfully in this affection. I recollect attending a case in Scotland, many years ago, assisted by my tutor, where we gave tincture of digitalis in half-ounce doses, after a fair and futile trial of opium, and the patient recovered. He was a regular toper, full of morbid fancies, and he would only consent to swallow the medicine on condition that I scratched his back, during which interesting process he fell asleep. I remember that Dr. Glen was in doubt whether it was the digitalis or the scratching which saved him.

5. Drs. Nelligan and Corrigan, of Dublin, strongly recommended it in epilepsy. They gave two ounces of the infusion at bedtime, continued for four nights, with an interval of two nights, then repeated as before. My experience of its use in this affection is not extensive, and not very favorable.

6. In spermatorrhea it occasionally proves beneficial. The influence of digitalis on sexual desire, in both sexes, is decidedly sedative and anaphrodisiac. It only exerts this influence, however, after the lapse of weeks.

7. In bleeding piles. A good form for this disease is the powder made into pills with tar, each pill containing one grain of digitalis. Four may be swallowed daily.

8. In maniacal cerebral excitement the hot infusion, sweetened, in teaspoonful doses, twice a day or oftener, sometimes answers the purpose of quieting the patient better than the bromides.

In studying any disease, I think that we should first jot down the apparent evident symptoms, without indulging ourselves by assigning a *cause* for them. The same remark applies to the remedies we employ in treating a disease. Mixing up so-called causes with facts misleads the searcher after truth more than any thing else. For there are latent processes we do not see, and can not trace, which require time to bring about, and sadly interfere with our calculations and predictions. This is true even in mechanics. An observing railroad engineer will tell you that his engine takes fits of sulking, as he calls them; that is, some hidden process is going on in the metal about which he is ignorant, and consequently can not account for.

To return to digitalis. In all cases great

care must be taken to watch the effect of the medicine. It is better to begin with small doses, observing the results from day to day. When we have reason to suspect fatty degeneration of the heart, it should *not* be given. In ossification of the aortic valves and in croupous pneumonia, digitalis is likely to do more harm than good. As a general rule, it is not serviceable in robust patients; and it only acts as a diuretic during the presence of dropsical fluid. The dose should be diminished as soon as the amount of urine secreted becomes less. The main benefit derived from digitalis seems to be the relief of *irregular* pulsation by imparting tone to the heart and arteries. Like opium, its first effect is stimulating, its second effect is sedative.

STONEHAM, MASS., July, 1885.

## Miscellany.

THE INTERNATIONAL MEDICAL CONGRESS. Pursuant to the call of its Chairman, the American Medical Association's Committee on the reconstruction of the Congress preliminaries met in New York City, September 3, 1885, the following-named members being present:

Dr. G. Baird,	Dr. John S. Lynch,
Dr. Robert Battey,	Dr. R. C. Moore,
Dr. L. P. Bush,	Dr. William Pierson,
Dr. R. Beverly Cole,	Dr. N. J. Pitman,
Dr. W. C. Dabney,	Dr. L. A. Sayre,
Dr. Ellsworth Eliot,	Dr. X. C. Scott,
Dr. A. Y. P. Garnett,	Dr. John V. Shoemaker,
Dr. S. C. Gordon,	Dr. F. L. Sim,
Dr. J. W. S. Gouley,	Dr. E. F. Upham,
Dr. J. B. Hamilton,	Dr. W. H. Wathen,
Dr. Geo. A. Ketchum,	Dr. W. C. Wile,
Dr. R. A. Kinloch,	Dr. A. H. Wilson,
Dr. D. A. Linthicum.	

The following named members were represented by proxies:

Dr. E. P. Cook, by Dr. N. S. Davis, proxy.  
Dr. A. R. Smart, by Dr. William Brodie, proxy.  
Dr. J. M. Taylor, by Dr. E. P. Sale, proxy.

The committee was called to order at 12 M., September 3, 1885, by the Chairman, Dr. R. Beverly Cole.

The resignation of Dr. L. A. Sayre, of New York, as member of the committee, was received and accepted, and Dr. A. Flint, jr., of New York, was elected to fill the vacancy, and took his seat with the committee. The resignation of Dr. Sayre was caused solely by ill health.

From the report of the Secretary of the Committee of Arrangements, as published in the Journal of the American Medical Association, we copy such items of the

proceedings as seem to be of general interest to the profession.

#### RULES.

1. The Congress shall consist of members of the regular profession of medicine, and of such other scientific men as the Executive Committee of the Congress may see fit to admit, who shall have inscribed their names on the register, and shall have taken out their tickets of admission.

2. The dues of members of the Congress shall be ten dollars each for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1887.

3. The Congress shall be divided as follows, into seventeen sections:

- I. General Medicine.
- II. General Surgery.
- III. Military and Naval Surgery.
- IV. Obstetrics.
- V. Gynecology.
- VI. Therapeutics and Materia Medica.
- VII. Anatomy.
- VIII. Physiology.
- IX. Pathology.
- X. Diseases of Children.
- XI. Ophthalmology.
- XII. Otology and Laryngology.
- XIII. Dermatology and Syphilis.
- XIV. Public and International Hygiene.
- XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
- XVI. Psychological Medicine and Diseases of the Nervous System.
- XVII. Dental and Oral Surgery.

Dr. S. C. Gordon, of Maine, recalled his withdrawal from the Congress, which action was accepted by the committee.

The following named gentlemen were elected to fill vacancies in the Committee on Arrangements:

- Dr. J. K. Bartlett, Wisconsin.  
 Dr. J. H. Baxter, U. S. Army.  
 Dr. George Goodfellow, Arizona.  
 Dr. Henry Leffman, Pennsylvania.  
 Dr. John Morris, Maryland.  
 Dr. J. R. Tipton, New Mexico.  
 Dr. Thomas J. Turner, U. S. Navy.

The following resolution was adopted:

*Resolved*, That the representative or representatives in this committee from each State, Territory, or Government Department, shall organize the Financial Committees in their respective States, Territories, or Government Departments.

It was decided that no person should occupy more than one position in the organization of the Congress.

It was also decided that, in the published lists of the officers of the Congress, the names of the Vice-Presidents and Secretaries of the Congress, and the Vice-Presidents, Secretaries, and members of Councils of the Sections, should be arranged alphabetically.

#### OFFICERS OF THE CONGRESS.

##### PRESIDENT.

Austin Flint, M. D., LL. D., New York.

##### VICE-PRESIDENTS.

W. O. Baldwin, M. D., Alabama.  
 H. I. Bowditch, M. D., Massachusetts.  
 William Brodie, M. D., Michigan.  
 Henry F. Campbell, M. D., Georgia.  
 W. W. Dawson, M. D., Ohio.  
 R. Palmer Howard, M. D., Canada.  
 E. M. Moore, M. D., New York.  
 Tobias G. Richardson, M. D., Louisiana.  
 Lewis A. Sayre, M. D., New York.  
 J. M. Toner, M. D., District of Columbia.  
 The President of the American Medical Association.  
 The Surgeon-General of the United States Army.  
 The Surgeon-General of the United States Navy.  
 The Supervising Surgeon-General of the United States Marine Hospital Service.

##### SECRETARY-GENERAL.

Nathan S. Davis, M. D., LL. D., Illinois.

##### TREASURER.

E. S. F. Arnold, M. D., M. R. C. S., New York.

##### CHAIRMAN OF THE FINANCE COMMITTEE.

Frederick S. Dennis, M. D., M. R. C. S., New York.

##### EXECUTIVE COMMITTEE OF THE CONGRESS.

Austin Flint, M. D., LL. D., President of the Congress.

Nathan S. Davis, M. D., LL. D., Secretary-General.

E. S. F. Arnold, M. D., M. R. C. S., Treasurer.  
 Frederick S. Dennis, M. D., M. R. C. S., Chairman of the Finance Committee.

##### PRESIDENTS OF THE SECTIONS.

A. B. Arnold, M. D., General Medicine.  
 William T. Briggs, M. D., General Surgery.  
 Henry F. Smith, M. D., Military and Naval Surgery.  
 DeLaskie Miller, M. D., Obstetrics.  
 Robert Battey, M. D., Gynecology.  
 F. H. Tirrell, M. D., Therapeutics and Materia Medica.  
 William H. Pancoast, M. D., Anatomy.  
 John C. Dalton, M. D., Physiology.  
 E. O. Shakespeare, M. D., Pathology.  
 J. Lewis Smith, M. D., Diseases of Children.  
 A. W. Calhoun, M. D., Ophthalmology.  
 S. J. Jones, M. D., Otology and Laryngology.  
 A. R. Robinson, M. D., Dermatology and Syphilis.  
 Joseph Jones, M. D., Public and International Hygiene.  
 Henry O. Marcy, M. D., Collective Investigation, Vital Statistics, and Climatology.  
 John P. Gray, M. D., LL. D., Psychological Medicine.  
 Jonathan Taffit, M. D., Dental and Oral Surgery.

#### LOCAL COMMITTEE OF ARRANGEMENTS.

(With power to increase their number.)

A. Y. P. Garnett, M. D., Chairman, District of Columbia.

The Surgeon-General U. S. Army.  
The Surgeon-General U. S. Navy.  
The Supervising Surgeon-General U. S. Marine  
Hospital Service.

J. H. Baxter, M. D., District of Columbia.  
C. H. A. Kleinschmidt, M. D., District of Co-  
lumbia.

N. S. Lincoln, M. D., District of Columbia.  
J. M. Toner, M. D., District of Columbia.

And such additional members of the profession in  
the District of Columbia as the Executive Commit-  
tee of the Congress may select.

Lists of vice-presidents, secretaries, and coun-  
cilmembers for each section were named by the Com-  
mittee of Arrangements, but as it was not practi-  
cable to ascertain at once who would accept the  
places assigned them, or who of those who had  
been announced in the medical press as declining  
to accept positions before the present rules and or-  
ganization had been adopted, as given heretofore,  
might wish to withdraw such declination, the  
final adjustment of these offices was referred to the  
Executive Committee of the Congress, and all cor-  
respondence in relation thereto was transferred to  
the Secretary-General of the Congress.

On motion, the Committee of Arrangements  
adjourned, subject to the call of the Chairman of  
the Committee.

JOHN V. SHOEMAKER,

*Secretary of the Committee of Arrangements.*

**THE TREATMENT OF LUPUS BY PARASITI-  
CIDES.**—At the recent meeting of the Amer-  
ican Dermatological Society, Dr. White, of  
Boston, said that he had accepted the view  
that lupus was a form of tuberculosis, and  
that he had treated it successfully with  
germicidal agents. Bichloride of mercury in  
the form of an ointment, from one half  
to two grains to the ounce, and salicylic-  
acid ointment, or, as Dr. Hyde has recom-  
mended, two grains of the bichloride to one  
ounce of compound tincture of benzoin,  
gave good results.

MR. MAYO ROBSON, in the discussion on  
The Treatment of Intestinal Obstruction, at  
the recent meeting of the British Medical  
Association (British Medical Journal), con-  
cludes as follows:

1. In chronic cases, that is, where ob-  
struction is the prominent symptom, med-  
ical treatment, such as injection, belladonna,  
massage, galvanism, etc., will often relieve  
or cure; or colotomy or laparotomy, or  
some other operation, will be so plainly in-  
dicated as to leave no doubt as to what  
should be done.

2. In acute symptoms supervening on  
chronic, medical treatment—for example,  
starvation, rest, and opium—may still often  
bring about a cure; but laparotomy, as a  
means of diagnosis, and possibly of treat-  
ment, may be demanded.

3. In initially acute cases, delay is often  
as dangerous as it would be to wait for an  
external hernia to reduce itself by its own  
efforts.

I believe that laparotomy (which in it-  
self is not a dangerous operation) should  
be performed early—(a) as a means of mak-  
ing a diagnosis; (b) as a means of remov-  
ing the cause of strangulation, if such be  
discovered; (c) as a means of giving relief,  
if no cause can be found, by opening the  
bowel above the point of obstruction and  
carefully suturing it to the surface.

**THE OLD MAN DREAMS.**—The announce-  
ment that Dr. Oliver Wendell Holmes has  
just celebrated his seventy-sixth birthday  
gives fresh interest to this beautiful poem:

O for an hour of youthful joy!

Give back my twentieth spring!

I'd rather laugh a bright-haired boy  
Than reign a gray-beard king.

Off with the spots of wrinkled age!

Away with learning's crown!

Tear out life's wisdom-written page,  
And dash its trophies down!

One moment let my life-blood stream

From boyhood's fount of flame;

Give me one giddy, reeling dream  
Of life, all love and fame!

My listening angel heard the prayer,

And calmly smiling, said,

"If I but touch thy silvered hair  
Thy hasty wish has sped."

"But is there nothing in thy track

To bid thee fondly stay,

While the swift seasons hurry back  
To find the wished for day?"

"Ah, truest soul of woman kind!

Without thee what were life?

One bliss I can not leave behind;

I'll take—my—precious—wife!"

The angel took a sapphire pen

And wrote in rainbow dew;

The man would be a boy again,  
And be a husband too.

"And is there nothing yet unsaid

Before the change appears?

Remember all their gifts have fled  
With those dissolving years."

"Why, yes," for memory would recall

My fond parental joys;

"I could not bear to leave them all—  
I'll take—my—girl—and—boys."

The smiling angel dropped his pen,

"Why, this will never do;

The man would be a boy again,  
And be a father too."

And so I laughed—my laughter woke

The household with a noise—

And wrote my dream when morning broke  
To please the gray-haired boys.

**INFECTIOUS PERITONITIS IN VIRGINS.**—Dr. Snyers has described, in the *Annales de la Société Méd.-Chirurg. de Liège* (*Journal de Méd. et de Chir. Prat.*) two interesting cases, which seem to show that the virus of erysipelas can cause in women who have never had intercourse, an acute form of peritonitis, similar to that observed in puerperal cases. A young woman (a virgin), aged eighteen, was suddenly seized with symptoms of acute peritonitis five weeks after a servant in the house had been taken ill with erysipelas of the face; death ensued in thirty-six hours. Shortly afterward the brother of the young woman had an attack of erysipelas on the arm; this did not cause much anxiety at the time; but, a fortnight later, the second sister, aged twenty (also a virgin), was seized with the same symptoms as the first and died in less than two days. At the post-mortem examination, Dr. Firket failed to discover any local cause by which the origin of the inflammation might be explained. The spleen was much swollen, and the blood had the same appearance as in cases of infectious diseases. *British Medical Journal*.

**EXTIRPATION OF THE LUNG.**—Dr. Domenico Biondi, of Naples, some time ago proved that animals recovered after removal, by operation, of one entire lung. In a more recent communication, published in the *Wiener Medizinische Jahrbücher*, the same physician shows that animals may survive the removal of portions of lung artificially infected with tubercle. After injecting, by Ehrlich's method, masses of bacillus tuberculosis into the parenchyma of the lung, so that the clinical and anatomical symptoms of tubercle were produced, he removed at the end of a few weeks the diseased lungs; and in all cases recovery was complete. Whether pulmonary tubercle in man, not artificially produced, could be precisely diagnosed and localized to one lung, and then treated in the same manner, and whether total removal of the organ or excision of a diseased lobe would be, in such a case, the less perilous operation, are questions which can hardly be decided by the physicians and surgeons of to-day; yet, bearing in mind the surgical procedures, performed with success in this country, that were once considered impossible, and then unjustifiable, it is hardly unreasonable to believe that excision of the lung is an operation of the distant, if not of the immediate future.—*Ibid.*

**FOREIGN BODIES IN THE DIGESTIVE CANAL.**—The case is related by Dr. Kohn (*Deutsche Med.-Zeitung*) of a melancholic patient with suicidal tendencies, who, in the hope of ending her life, swallowed three large spoons, each seven inches long, and with a bowl about an inch and a half wide. They were all passed from the rectum lying together, the convexity of one bowl fitting into the concavity of the other, and surrounded by a mass of consistent fecal matters. The passage of these bodies had excited a mild peritonitis at first, and later an attack of diarrhea; but these disturbances speedily subsided, and no trouble was experienced after the spoons had been passed from the bowel. This case is almost unique, considering the large size of the spoons and the comparatively sharp edges of their bowls.—*Medical Record*.

THE Kansas City Medical Record says that it will pay a liberal reward for a germicide that will destroy the microbes that were instrumental in ruining the International Medical Congress and weakening the vitality of the American Medical Association by their onslaught at New Orleans.

THE Long Island Hospital Medical College announces that after the next session it will change its term so that it will more fully harmonize with the other colleges of this country. That is, instead of a spring it will become a winter school.

THE eighteenth annual meeting of the Canada Medical Association met at Chatham, Ontario, September 2d and 3d. Dr. Wm. Osler, President, in the chair.

DR. P. O. HOOPER, of Little Rock, Ark., has been appointed to succeed Dr. C. C. Forbes, as superintendent of the Arkansas State Insane Asylum.

THE next meeting of the American Academy of Medicine will be held in New York city, October 28th and 29th.

IT is said that in Europe the would-be delegates to the Ninth Congress have added crape to their wonted attire.

THE United States Hay-Fever Association met at Bethlehem, N. H., September 1st.

THE National Retail Druggists' Association met in Pittsburgh, September 7th.

## The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.  
J. MORRISON RAY, M. D., - - - Assistant Editor.

### COLLABORATORS:

E. R. PALMER, M. D. J. A. OSTERLONY, A. M., M. D.  
WM. BAILEY, A. M., M. D.

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### INTERNATIONAL MEDICAL CONGRESS.

On another page we quote from the Congress Committee's authorized report the more important items of its doings at the recent called meeting in New York City. A careful inspection of the report shows that beyond a liberal alteration of the rule of membership, the separation of gynecology from obstetrics, and the restoration of the section of dental and oral surgery to the place assigned it by the original committee, with fit elaboration of the rule relating to finances, no essential changes are made in the scheme of organization. The chief work of the committee seems to have been the re-arrangement of the lists of officers, committees, and councilmen, and the filling of the many gaps in the ranks made by the withdrawal of those who declined to serve under the new leaders.

No concession was made to the wishes of the distinguished seceders and their many supporters among the profession at large, unless the retention of the name of Dr. Bowditch upon the list of vice-presidents be so construed. The only concession upon the other side was offered by Dr. S. C. Gordon, of Maine. This gentleman re-

pent of his sin against the new committee, and, after confession, was graciously received and forgiven, but not conducted to a higher seat in the synagogue.

It will also be noticed that the opinions of certain distinguished foreigners with reference to the committee's office and work were ignored *in toto*; not being accorded even the courtesy of a polite remonstrance. The committee has doubtless done just the work its manipulators set to its hands; but, whether its policy be voted wise or foolish, the denouement will show that the breach between the opposing parties is widened beyond repair, and that the contending voices are dissonant beyond the hope of harmony.

The distinguished guests who, soon after the June house-warming, stepped out and have since been standing in the rain, have not been asked to come in by the new proprietors; nor would they in the existing state of the house have accepted the invitation had it been extended. Their places have been or soon will be filled by others, worthy, indeed, but less renowned; and when the new list of officers and councilmen for the Ninth International Medical Congress shall be laid before the medical world, it will be destitute of many attractive features which characterized the original committee's issue in the early spring. Whether or not this strangely altered face will have charms of sufficient attractiveness to draw our foreign brethren across the sea remains to be seen; but if the signs of the times be not grossly misleading, the Congress of 1887 will not meet on American soil.

DR. HAGER advises for coryza the inhalation of pure carbolic acid, one hundred and fifty grains; ammonia water, three drams; alcohol, one ounce; distilled water, five drams. Good; but new devices for the finding of motes and the extracting of beams would be more in order at this time.

## Bibliography.

**Elements of Modern Medicine**, including Principles of Pathology and Therapeutics, with many useful memoranda and valuable tables for reference. Designed for the use of students and practitioners of medicine. By R. FRENCH STONE, M. D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in the Central College of Physicians and Surgeons, Indianapolis Ind. Pocket edition, pp. xiv and 368, with appended clinical charts for the keeping of case records. New York: D. Appleton & Co. 1885.

This is a compact volume, bound in leather, and of dimensions suitable to fit it for a place in the physician's pocket. The work is a most successful attempt at *multum-in-parvo* book-making. Though in the main a compilation of the essentials of practical medicine, gleaned from the recorded experience of the masters, the reader will find that the work takes color of originality from the ripe experience of the author, while the arrangement of the subject matter is a marvel of convenience. There is hardly an item of information, such as the physician may require in time of emergency, that can not here be found, and to the hard working doctor, who sleeps with an ear to the bell, and eats with an eye to the clock, the value of such a pocket companion can not be overstated.

To the more leisurely and sometimes more learned physician, who boasts an erudition drawn from original sources, the work may serve a useful turn, since, as an *index medicus*, it may suggest to him a way of tracing many a rich vein of research.

Certainly much good grain from many fields of medical lore is here snugly garnered for the doctor's use. That it will find ready market so soon as its worth is known need not be questioned.

**Neuralgia and the Diseases that Resemble it.** By FRANCIS E. ANSTIE, London, F. R. C. P., Honorary Fellow of King's College, London, Lecturer on Medicine in Westminster Hospital School, etc. 12mo, pp. 233. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885. For sale by John P. Morton & Co.

This is a classic in medical literature, and should find place among the books of every practitioner.

The high authority of Dr. Anstie in this department of medicine is conceded by the teachers and writers of the day, and no product of his pen bears clearer testi-

mony than this to his learning, experience, and originality of thought.

The work is divided into two parts.

The author takes and holds the ground that neuralgia is to be looked upon as a disease *per se*, having a definite, and, in a measure, demonstrable etiology, pathological lesion, and clinical history. The first and major part of the work is devoted to the discussion of neuralgia proper, while similar painful affections, from which he differentiates it by lines more or less sharply drawn, are treated appropriately in the second part. These are myalgia, spinal irritation, the pains of hypochondriasis, of locomotor ataxy, cerebral abscess, alcoholism, syphilis, subacute and chronic rheumatism, colic, and other pains of peripheral irritation, and dyspeptic headache.

The work has been many times thoroughly and ably reviewed, and quotations from it may be found in nearly every recent work or article pertaining to painful nerve affections, while some of the author's teachings have led to useful controversy in the ranks of neurological medicine.

Further comment at our hands is not necessary, unless it be to assure any reader, who may be unfamiliar with the work, that it is replete with knowledge essential to the practical physician, who must, per force, undertake the treatment of many painful affections of doubtful diagnosis.

**Pruritic Rhinitis: Hay-Fever, Autumnal Catarrh, etc.: its Medical and Surgical Treatment.** With eight illustrations. By THOS. F. RUMBOLD, M. D., Fellow of the American Rhinological Association, etc. St. Louis: Medical Journal Publishing Company, 2622 Washington Avenue. 1885.

This is a monograph of one hundred and thirty-four pages, with an appendix of twenty-four pages. The author claims that so long ago as May, 1869, he clearly demonstrated that this disease was one of the very many sequences of common nasal catarrh. It has however been only during the last few years that any marked results from treatment have been obtained, and we believe that the advances made have been due (as has recently been shown by Sajous) to treatment more active than that recommended in this book. The name proposed, we do not believe, will be universally accepted. The name that seems to us most appropriate is the one suggested by Dr. J. N. Mackenzie, of Baltimore, namely, coryza vasomotoria periodica.

The greater part of the monograph seems to us to be superfluous. A list of statements made by patients is given which leads to nothing interesting or new, as is also a great deal of the author's special hygienic precautions, which few patients will follow, such as wearing wigs on bald heads, wearing two pairs of stockings, etc.

The treatment recommended is substantially the same as that given for the treatment of nasal catarrh in the author's work on the "Hygiene and Treatment of Chronic Nasal Catarrh," namely, vaseline, pinus canadensis, and ol. eucalyptol as a spray to the nose and naso-pharynx.

In speaking of the surgical treatment which has lately come into prominence, principally through the efforts of Roe and Sajous, he cautions against its indiscriminate use, as he has seen cases where destruction of the nasal mucous membrane produced unpleasant consequences by the nasal secretions becoming inspissated on the scarred tissue. The author claims to have had but little experience in the use of nitric or chromic acid for the destruction of hypertrophies; he prefers the snare. In the appendix will be found an abstract of the papers of Drs. Daley and Roe, which were the first to draw marked attention to the nose as the seat of this disease; also, a paper by Dr. J. A. Stucky, which first appeared in the St. Louis Medical and Surgical Journal. It will be found interesting, and deals with these cases in a more practical and radical manner than that given in the body of the work.

J. M. R.

**Medical Education.** A paper read before the Philadelphia County Medical Society, September 24, 1884. By Henry Leffmann, M. D., D.D.S., Professor of Chemistry and Metallurgy at Pennsylvania College of Dental Surgery, etc. Reprinted from the Proceedings of the Society.

**Health Statistics of Women College Graduates.** Report of a special committee of the Association of Collegiate Alumnae. By Annie G. Howes, Chairman, etc. Boston: Wright & Potter, State Printers, 18 Post-office Square. 1885.

**Complete Laceration of the Perineum and part of the Recto-Vaginal Septum,** resulting from forceps delivery. Primary operation, complicated with traumatic erysipelas. By A. B. Cook, A. M., M. D. Reprinted from Gaillard's Medical Journal.

## Selections.

**THE CHARACTER OF THE PULSE.**—It is not that I intend presenting any thing new, but merely to call attention to a fact of practical importance that may be of interest to some members of the profession that are not thoroughly conversant with the relation that the action of the heart bears to the radial pulse under certain circumstances. In the first place, in a natural pulse, or as long as the systole of the ventricle is sufficiently strong to force enough blood into the aorta to dilate the same, the aorta retaining its elastic force by which the blood is driven onward, we may expect the pulse-rate to correspond with the systole of the ventricle; but when the heart's action is too weak for each contraction to force sufficient blood to dilate the aorta, it having lost a certain amount of its elastic force, we may not expect the pulse and contractions of the heart to be in proportion. It has been my sad experience to witness this disproportion in several cases in the last hours of life. Frequently, when the pulse is so weak as to be felt only at intervals, we will notice it very suddenly get stronger and slower; now when this happens it inspires the friends, and often the physician, with hopes; they regarding the change in the pulse as favorable, when in reality it may be one of the most unfavorable symptoms. Now in these cases, what we mistake for a pulse as indicating the action of the heart, in other words corresponding to the ventricular systole, is only a pulse-wave representing about one third of the contraction of the heart and aorta. When the vital forces have given way to the extent as above stated, there being a very moderate quantity of blood pumped into the aorta by each ventricular systole, and the aorta being almost in a state of inertia, having lost to a certain extent its elasticity, though an extensible tube, would necessarily require two or three contractions before the stimulus would be sufficient to cause contraction of the aorta to force the blood onward; therefore there would be one or more secondary waves to follow and be fused into the primary before reaching the radial artery. I have seen this mistake made in more than one instance, for which reason I call attention to the fact that we may always examine the heart of a dying patient, and not be deceived by a seemingly hopeful pulse dependent on very unfavorable circumstances, and be induced to inspire

the friends with hopes at a time when the symptoms are the most unfavorable.—*Dr. J. M. Pinkston, in Medical and Surgical Reporter.*

At a recent meeting of the Obstetric Society of London Dr. Priestley read the notes of a visit to some of the lying-in hospitals in the North of Europe, and their advantages in the antiseptic system in obstetric practice. The hospitals visited were those at Copenhagen, Helsingfors, and St. Petersburg. At Copenhagen, the new system began in 1870. In the Maternity Hospital, in the fifteen years from 1850 to 1864, the mortality was one in twenty-four; between 1822 and 1843 it had been one in nineteen—that is, only slightly lower than the mortality in the Nightingale Charity of King's College Hospital, which compelled the author to close the ward. From 1865 to 1874, the mortality from puerperal fever was one in fifty-one; from 1870 to 1874, it was one in eighty-seven, the improvement coinciding with increasing strictness in antiseptic precautions. The hospital was constructed in the most elaborate and expensive way to secure hygienic perfection, including ventilation, isolation of each part of the building (if desirable), and even a separate room for each patient. Moreover, the rooms were only used alternately, which was equivalent to halving the number of beds. The attendants were under strict rules of periodical purification, and were not allowed to pass directly from the convalescent to the lying-in wards. If a patient had been ill, the nurse was fumigated with sulphurous-acid gas by an elaborate process. The same was used for disinfection of the rooms. The personal precautions included careful antiseptic hand-washing, soaking of catheters, etc. No sponges were used. The vagina was injected twice a day with carbolic-acid lotion. The beds were of canvas, filled with chopped straw, which was destroyed after use. Each bed had its own basins, syringes, catheters, etc. The placenta and dressings were burnt. On suspicion of infection, the patient was carefully isolated. The medical officers were not allowed to attend necropsies. The director lived in the hospital, of which he was absolute master. As in other hospitals, there was an undue proportion of difficult cases and of primiparæ, and the primiparæ had a large share in the mortality. The midwives of Denmark were compelled to use antiseptic precautions, and this had sen-

sibly reduced the mortality. At Helsingfors, the hospital was arranged on the pavilion system, one block being devoted to diseases of women, including wards for operations and rooms for out-patients. The wards for lying-in cases contained about forty-two beds; the beds were in the middle of the rooms. The mattresses were sacks of fresh rye-straw for the non-paying patients, and with horsehair or bark of the lime-tree for paying patients, all being cleaned, baked, and re-made for each new patient. Some patients lay on the bare boards of the bottom of the bed, as was usual in Finland. Antiseptics were not as minutely carried out here. Midwives and nurses were made to wash their hands and arms with soap, and afterward to rub them with hypochlorite of lime, before examinations. Abnormal cases were isolated. The medical officers were forbidden to attend necropsies, or to touch infectious wounds, without taking antiseptic precautions afterward. Catheters were carbolized, and the wards periodically closed and cleaned. After labor, a single injection of carbolic acid was given, and often when specially indicated. The linen was simply washed; the blankets were fumigated by burning sulphur. Professor Pippingsköld trusted largely to the excellent hygiene of the hospital (built on a rock high above the town), and to the clean habits of the people; but the external genitals were always washed before delivery, otherwise the object was to guard against external morbid influences, more minute care being thought unnecessary under the circumstances. Before the new Maternity was opened in 1879, the total mortality averaged 1.83 per cent. From 1872 to 1884, the total mortality was one per cent. In the Grand Duchess Catharine Maternity Hospital in St. Petersburg, there were arrangements for isolating the various parts. Scrupulous cleanliness, the disinfection of rooms, concrete floors draining into a central gully, and the careful use of antiseptics, were included in the system. In the last three years there had only been one death from puerperal fever, though six had occurred from other causes.—*British Med. Journal.*

**FUCUS MARINA.**—Dr. B. Roemer thus concludes an instructive paper on this medicament:

Perhaps the oldest use made of fucus was in form of a poultice to swellings, bruises, etc. Ancient sages of Scandinavia and Denmark speak of soothsayers crushing seaweed be-

tween stones and applying the moistened pulp to the affected parts. The *Fucus vesiculosus* ranks, perhaps, next in order; being burnt in the open air, its black powder was administered internally, like spongia usta, in the treatment of glandular enlargements. Spongia, now admitted to be a polymorphous animal, as spongia usta resembles in its chemical nature the fucus, and was at one time highly lauded in goitre, glandular swellings generally, scrofula and cutaneous eruptions. After having been much derided as to its efficacy in these diseases, its virtues were admitted after the discovery of iodine, and the early use is almost an instinctive medication. The black powder of burnt *Fucus vesiculosus* was known under the name *Æthiops vegetabilis*. Its juice was also administered internally with its local application for the same diseases.

But this article was especially undertaken to draw the attention of the medical profession to a species called *Fucus marina*, of which the Peacock Chemical Company is preparing an elixir. Having had at my disposal about four pounds of this preparation, which I divided among eight patients, I am prepared to give a favorable opinion of its therapeutic value as claimed. Not intended to replace any of the usually employed antiperiodics, especially quinine, it owes its virtue rather to an alterative quality, and having prescribed it in six cases of pronounced malaria, I find the result as follows. All these cases had been under a quinine treatment. Whenever a hepatic complication was diagnosed, I gave:

R Mass. pil. hydrarg., . . . . . 3 grains;  
Quin. sulph., . . . . . 4 grains;  
Ol. piper. nigr., . . . . . 1 drop;  
Ex. hyosciam. nigr., . . . . . ½ grain.

M. Fiat pil. 2.

To be taken at night and followed next morning, if required, by a mild aperient. During the day I usually order 10 to 15 grains of quinine, and repeated on the next. The quasi-typhoid character of the malaria remained, however, unchanged, and heretofore I altered my treatment to different remedies, omitting the quinine. The elixir fucus marina, however, in the number of cases specified, gave me perfect satisfaction; in every instance cutting the febrile exacerbation short and hastening convalescence. This result was especially marked in four cases, which had had a preliminary quinine treatment; in the two remaining cases, while recovery was perfect, three or four days additional were required, the quinine

treatment being isochronic with the exhibition of the elixir. Thus, in any event, the course of malaria is materially checked by fucus marina, and, the system (secretions, etc.) having been properly prepared, it is my opinion that the elixir alone will give the best results.

Believing that the prominent therapeutic character of fucus marina is alterative, I prescribed the remedy in two cases of cachexia, scrofulous and syphilitic. The result, thus far, is gratifying, but time is required for a proper report. I will state, however, that in a mixed treatment for the latter disease I omitted smilax off. and stiltingia as a vehicle altogether, and gave instead full doses of fucus marina, repeated four to six times a day, continuing the inunction of mercurials. A success in these cases would do away with the annoying complications resulting from large doses of the iodide of potash.

Since writing the above short synopsis on the therapeutic value of fucus marina several weeks have elapsed, and I can now add that the case of *secondary syphilis* is progressing very favorably under its use, it, the *Fucus marina*, as prepared by the Peacock Chemical Company, of St. Louis, fully and thoroughly taking the place of iodide of potassium in the mixed treatment, with this very desirable advantage over the salt of iodine and potash, that the stomach and digestive powers are not only left intact, but are really invigorated. Additional cases of *malaria* have received, as already reported, prompt and lasting relief.

INTRA-CRANIAL CEPHALEMATOMA.—In a paper read before the Mississippi Valley Medical Society, on the above subject, Dr. E. S. McKee, of Cincinnati, said:

"A physician's library will, in many instances, give him no information concerning cephaematoma; a large list of text-books may be searched to no avail for a mention of intra-cranial cephaematoma. If the searcher after medical knowledge has a well-ordered and extensive public library at hand, well supplied with bound journals, diligent search may be rewarded by a few hidden points."

He described cephaematoma as "an effusion of blood occurring in newly-born infants, forming a tumor of the head." The intra-cranial variety he divided into those situated between the skull and dura mater and those situated in the arachnoid cavity.

Etiology he found to be pretty similar to

that of the extra-cranial variety. Pressure during delivery he considered to be a frequent cause, though the tumors occurred in children of easy labors, the breech presentation, and those delivered by cesarean section. He thought the crushing during delivery would loosen the pericranium or dura mater from the bone and rupture the small bone blood-vessels. This pressure being relieved, the vessels having been relieved by diapedesis caused by the pressure, we have a vacuum. From her well-known *horror vacui* nature immediately proceeds to fill up this vacuum. She goes at it with such energy that she overdoes the matter, and hyperemia and engorgement follow. The sources of this hemorrhage are probably the tender blood-vessels, a varicose condition of the vessels, the hemorrhagic diathesis; inherited tendency or fissure of the bone may be among the causes. The excess of the external variety over the internal is due, he thought, to the direction of the pressure and to the greater porousness of the outer part of the skull.

**Diagnosis.** This depends entirely on the symptoms of brain pressure, twitchings, convulsions, stupor, and paralysis.

**Prognosis, grave.** Death comes from brain pressure, necrosis, or caries of the bone leading to perforation, thrombosis of the cerebral sinuses, extension of the inflammation on to the meninges of the brain itself, and pyemia. Idiocy may result. Dr. West found the repair of the internal variety very analogous to that of the external. After diligent search through all the literature, twenty cases were found mentioned.

Drs. West, Hennig, Von Liebold Jackson, Held, Betscher, Cleveland, Ruge, Dubois, Padieu, Hoere, Bouchard, and the writer himself have reported cases.

Treatment did not occupy much space in the paper, as the doctor said it had never yet been attempted in this variety, the diagnosis having been always made post-mortem. He suggested the possibility of the trephine being of utility.—*Sec.'s Abstract.*

#### THE TREATMENT OF TYPHOID FEVER.—

**I. Hygienic.** Place the patient in a large, well-ventilated room, that he may get *plenty of fresh air*. Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

**Nourishment.** There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at the mid-day meal a little arrow-root boiled in milk, or a soft boiled egg. Excepting these allow no form of solid aliment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between 4 A. M. and 5 A. M.*; even wake him at this time, to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

**II. Medical Treatment.** Different plans have been instituted:

1. Quinine, which has been justly abandoned.
2. The mercurial plan—calomel, five to ten grains *per diem*, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.
3. Carbolic acid, one to two drops, in mint water, every two hours. This remedy is not to be relied upon.
4. Iodine treatment, as Lugol's solution, two drops four times a day. This promises something good in the way of treatment.
5. The plan used by Dr. Bartholow in the following combination:

R Acid. carbolic, . . . . . f. ʒj;  
Tinct. iodinii, . . . . . f. ʒij.  
Dose, grt. j-ij, every two or three hours.

This is a good plan of treatment.

6. My own plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric, and in America, nitro-hydrochloric acids. Of the last an ordinary prescription is twenty minims of the dilute acid in simple elixir. This will also control, to some extent, the diarrhea.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the *diarrhea*. If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, one grain. Should this fail, use—

R Bismuthi subnitrate, . . . . . gr. x-xx;  
Opii, . . . . . gr. ss-j.  
Every three hours.

If this fails, try carbolic acid, one drop with morphinæ sulph., every three hours. Often cupri sulph., one twelfth grain, with opium one third grain, is very effective.

For the tympany cold applications, or injections of vinegar, one to two fluid ounces to water one gallon. Internally administer turpentine, seven drops, in emulsion, with morphia one forty-eighth grain. Often strychnia is useful, but secondary to the above.

Thoracic symptoms. The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the circulation by quinine in tonic doses, six to ten grains, in the twenty-four hours, but alcohol is the best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110. The first sound of the heart is the key to the amount required. From four to ten ounces may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor or with belladonna. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses of one scruple to one half dram in the day.

For intestinal hemorrhage, ergotin, two to seven grains hypodermically, or one fluid dram fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (peritonitis). Tinct. opii deodorat., ten drops every hour, and one grain opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *parotiditis* ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnia.—*Prof. J. M. Da Costa in the College and Clinical Record.*

THE LATENCY OF GRAVE SYMPTOMS IN THE PUERPERAL STATE.—Dr. W. O. Priestley, in a paper on the Occasional Latency and Insidiousness of Grave Symptoms in Connection with the Puerperal State, concludes that,

1. In many cases going wrong, it has been observed that the uterus was inordinately large, thus indicating a dilated cavity, in which clots or fluid, which ought to be discharged, are retained, and which may thus become the nidus for the possible development of diseased germs. Further, in an imperfectly contracted uterus, the sinuses or large veins remain full of clot, or of fluid blood, which is more or less apart from the general systemic circulation; and is thus, like the back-water of a stream, stagnant, and ready to become a source of peril. Clots should, therefore, always be carefully removed from the uterus, as they form for some time after delivery; and pressure with other means should be conjoined to promote full contraction.

2. The occurrence of a rigor at any part of the puerperal period should never be disregarded. It is nearly always the forerunner of some less or greater commotion in the system, although the mischief it portends may not be observed until the suspicion excited by its advent has well nigh died out.

3. The presence of rheumatic or obscure pains in the joints or muscles, even if they be flitting and transient, should be taken as indicating a possible contamination of the blood-current; and the case should be watched the more closely, if the patient be depressed in spirits, or if she be prone to be apparently hysterical. If, with these symptoms, there be no evidences of deviation in any special organ, the heart should especially be watched, with the view of ascertaining if there be indications of deposits in its valves. The sudden appearance of a *bruit* with the heart-sounds may be the precursor of embolism either in the pulmonary, or in the general systemic circulation. The temperature should also be carefully recorded, as it is probable that, in all cases of insidious puerperal disease, the thermometer will indicate some rise of temperature.

4. It should be remembered that patients who are inert in temperament, and who lead inactive lives during pregnancy, are more prone to puerperal ailments than others of more active disposition, and thus require more careful supervision.

5. The treatment of suspected cases should consist of putting the patient in the best possible hygienic conditions, and improving vitality by the administration of quinine and a good but judicious diet.

6. As it is probable that all germs of disease are imported from without, and that those of a less virulent character only find an opportunity of developing themselves in the bodies of women whose vitality is below the normal standard, it may be possible in many cases to prevent disease altogether by improving the health of the patient, and by the proper use of antiseptic precautions both during and after delivery. *British Medical Journal.*

**ANTISEPTICS.**—THE foreign correspondent of the Boston Medical and Surgical Journal, in Vienna, says:

The spray does not seem to be used at all here, either in the general surgical operations or laparotomies, which are done in the amphitheaters before the classes. A pretty close observation shows that very few cases die of sepsis or infection, where it is conceivable that the use of the spray, or of the extraordinary precautions as to those present at operations in vogue in Berlin, could have made any difference in the result.

And yet occasionally a case occurs where a greater thoroughness in precaution might have made a difference. For example, I saw fifteen laparotomies done within twelve days by Carl Braun with only one death, and that where a great sarcomatous tumor of the ovary had been removed. Yet, shortly before, in a case where a uterine fibroid with a well-defined pedicle was simply removed per vaginam, by the use of the galvano-caustic wire, the patient died, and in the uterine veins was pus containing staphylococci. Of course some one must have brought them there, and when I add that just before the operation the patient had been examined by twelve or fifteen persons, mostly students, it is not hard to guess how the cocci got into the wound.

Some one had not used the nail-brush enough, some one had lied as to his handling of pathological specimens, and when the specific micrococci were once lodged up in the uterine cavity, the irrigator did not wash them out, and the iodoform did not chase them into the tissues.

There is a considerable difference of opinion here concerning the safety of the use of iodoform. Braun uses it in powder very freely, blowing twenty to fifty grains

on to the surface of a wound, or into the cavity of the uterus, and using also uterine suppositories, containing two to three drams each. Braun claims that this is quite safe, and at any rate must be employed, as the risk of intoxication is minimal compared with that of sepsis.

Billroth is afraid of iodoform, never uses it in powder, and seldom in pencils, but uses it in the form of iodoform-gauze, which is stuffed into the wound or cavity. His theory is that in this way there is little danger of intoxication, as very little of the drug comes in contact with the absorbing surface, while on the other hand, all the secretions are absorbed by the gauze and kept aseptic.

This is the only way in which iodoform is used in Billroth's wards, and it is supposed to be perfectly safe and entirely efficacious.

**HEMOPTYSIS TREATED BY THE INDUCTION OF PNEUMOTHORAX SO AS TO COLLAPSE THE LUNG.**—Dr. Cayley reports the case of a man of twenty-one years, a porter, admitted into the Middlesex Hospital for hemoptysis. For some time past he had suffered from a slight cough, but his health was otherwise very good, and the blood-spitting began only two days before his admission. The feeble respiration, râles, and other signs detected in the left lung were attributed to the clogging of the organ with blood; the temperature was usually normal or subnormal in the morning, and rose to about 100° at night. For about three weeks the hemorrhage persisted, and as life was evidently threatened by the loss of blood, it was decided after consultation to induce pneumothorax so as to cause collapse of the left lung and thus prevent the bleeding, which came probably from a pulmonary aneurism or an ulcerated vessel. The operation was accordingly done and a tube was inserted. During the night following the operation the patient spat up blood twice, four ounces and two ounces, but there was no return of the hemorrhage. The patient died suddenly, apparently from syncope, five days after the operation.

The autopsy showed that the case was one of acute miliary tuberculosis with one or two small cavities of older date, and the blood came from a branch of the pulmonary artery communicating with one of these cavities. The cavity containing the clot was smooth walled, and showed no signs of any aneurismal sac.

The nature of the case was such that, as it turned out, recovery was hopeless under any treatment. When the operation was done there was no special reason for suspecting that the case was one of acute tuberculosis; and, as regards the operation itself, Dr. Cayley thinks life was not sufficiently prolonged to allow a decision as to the direct effect of the procedure on the hemorrhage.—*Boston Medical and Surgical Journal*.

**TREATMENT OF DIABETES INSIPIDUS.**—(*Jahrbch. f. Kinderheilkde*, XXI. B., 4 H.) While the prognosis, as regards the patient's life, in this disease is not so unfavorable, yet the cases of complete cure are very few. Whittle reported a case where the diabetes insipidus developed after diphtheria, and then disappeared in a short time. Senator has reported cases in which cure was effected after two or three month's duration of the disease, and in some cases intercurrent diseases or pregnancy have brought about this result. In the case now reported the diabetes had existed for nine years, and was cured in two months. The girl was eleven years old, with an excellent family history. She grew up and nourished well, but from her second year the parents noticed a constantly increasing thirst and a proportional large quantity of urine. The child had scarlatina, measles, and pertussis, but the diabetes was not at all affected thereby. After varied treatment the child was brought to the hospital. She was well nourished but pale; weighed 21.300; skin dry; temperature about normal; always desired warm clothing; all internal organs normal; in the feces, eggs of tenia medio-can. She was constantly thirsty, drinking daily from nine to ten liters of water, and passing from seven to eight liters of urine. The urine was very clear, slightly acid, scarcely at all colored, specific gravity of 1.001, and contained no albumen or sugar. The first step in treatment was to get rid of the tenia.

On July 15th, the patient was ordered sodii salicylate 0.5, four times a day, as recommended by Ebstein for diabetes mellitus. In five days the daily quantity of urine sank from 7000.0 to 5000.0, but in spite of increased doses of the salicylate remained at that quantity. She was then given infus. rad. valeriane 5.0: 100.0 *pro die*, as so strongly recommended by Trousseau. This was continued from July 24th till August 16th. The quantity of urine gradually fell to 2500.0 but remained at that for the last ten days.

Infusion of ergot, 2.0: 100.0 *pro die*, was then given—as recommended first by Tildard and afterward by Sidney Ringer. Under this the quantity sank to 1100.0, and when the remedy was stopped remained at 1100.0 to 1200.0. The specific gravity rose to 1.010; the urine was of a natural color, and in all respects normal. The child was retained two weeks after the remedy was stopped, and since then has remained well. Her weight increased, her color improved, and she drank daily only about one half liter of water.—*Amer. Jour. of Obstetrics*.

**EFFECTS OF NERVE-STRETCHING ON THE SPINAL CORD.**—In the *Archives de Neurologie*, Dr. Pauline Tarnowski reports that, in rabbits, elongation of the sciatic nerve was followed by serious lesions in the spinal cord. The central canal was distended with plastic exudation, hyperemia, and extravasation of the gray matter (especially in posterior cornua), proliferation of the nuclei of the neuroglia, increase of connective tissue in the posterior cornu of the side operated upon, with disappearance of nerve-tubules. The formation of new connective tissue commenced on the seventh day after stretching the nerve, and in a month there was decided atrophy of the posterior horn of the affected side. The nerve-cells of the anterior horn were less numerous than on the operated side; they were degenerated, and showed signs of vacuolation and actual disappearance. These morbid signs are more common in the lumbar enlargement of the cord.—*Medical Times*.

GREECE has removed the tax on quinine.

#### ARMY MEDICAL INTELLIGENCE.

**OFFICIAL LIST** of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from September 6, 1885, to September 12, 1885:

*McKee, J. C.*, Major and Surgeon, sick leave still further extended three months on surgeon's certificate of disability. (S. O. 204, A. G. O., September 7, 1885.) *Patski, J. H.*, Captain and Assistant Surgeon, assigned to duty as post surgeon, Jackson Barracks, New Orleans, La. (S. O. 192, Dept. of the East, September 8, 1885.) *Polhemus, A. S.*, First Lieutenant and Assistant Surgeon, when relieved at Fort McDermit, Nev., assigned to temporary duty at Presidio of San Francisco, Cal. (S. O. 87, C. S., Dept. of California.) *Kendall, Wm. P.*, First Lieutenant and Assistant Surgeon, relieved from duty at Presidio of San Francisco, Cal., and assigned to duty as post surgeon at Fort McDermit, Nev., relieving Assistant Surgeon Polhemus. (S. O. 87, Dept. of California, August 31, 1885.)